



Geisinger Health Plan Policies and Procedure Manual

Policy: MP250

Section: Medical Benefit Policy

Subject: Bronchial Thermoplasty

Applicable line of business:

Commercial	x	Medicaid	x
Medicare	x	ACA	x
CHIP	x		

I. Policy: Bronchial Thermoplasty

II. Purpose/Objective:

To provide a policy of coverage regarding Bronchial Thermoplasty

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

Commercial

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Medicare

Geisinger Gold Medicare Advantage HMO, PPO, and HMO D-SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on contract renewal. Geisinger Health Plan/Geisinger Indemnity Insurance Company are part of Geisinger, an integrated health care delivery and coverage organization.

CHIP

Geisinger Health Plan Kids (GHP Kids) is a Children’s Health Insurance Program (CHIP) offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Medicaid

Geisinger Health Plan Family (GHP Family) is a Medical Assistance (Medicaid) insurance program offered by Geisinger Health Plan in conjunction with the Pennsylvania Department of Human Services (DHS). Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care — that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:

Bronchial Thermoplasty is a procedure believed to treat severe persistent asthma in patients whose asthma is not well controlled with conventional drug therapy. The procedure uses thermal energy (radiofrequency) to reduce airway smooth muscle mass to reduce the airway's ability to constrict. Bronchial thermoplasty is delivered in a series of three treatment sessions with a recovery period of three weeks or longer between sessions. Researchers believe that the less constriction in the airways could lead to reduced severity and frequency of asthma symptoms.

REQUIRES PRIOR AUTHORIZATION BY A PLAN MEDICAL DIRECTOR or Designee

COMMERCIAL BUSINESS SEGMENT

Bronchial Thermoplasty may be considered medically necessary on a "per-case" basis for members who meet all of the following criteria:

- The member is 18 years of age or older; and
- A diagnosis of severe, persistent asthma has been established; and
- The member has documented inadequate asthma control with current maximized inhaled corticosteroids and long acting beta agonists; and
- The member is a non-smoker or has not smoked for at least one year; and
- The member has failed, is intolerant to, or is not a candidate for anti-IgE therapy or anti-Interleukin (Il)-5 therapy; and
- The member has been managed by and bronchial thermoplasty is recommended by an asthma specialist (eg, pulmonologist or allergist/immunologist)

Medicare Business Segment

CMS has assigned a transitional "pass-through" status to the codes assigned to the procedure of bronchial thermoplasty and the specialized catheter used for this procedure during the bronchoscopy. Coverage will be limited to treatment of severe persistent asthma in patients whose asthma is not well controlled with conventional drug therapy.

Medicaid Business Segment

Bronchial Thermoplasty may be considered on a "per-case" basis through the Program Exception process.

EXCLUSIONS:

The Plan does NOT provide coverage for Bronchial Thermoplasty in excess of the single three-session regimen because it is considered experimental, investigational or unproven. There is insufficient evidence in the peer-reviewed published medical literature to establish the safety and effectiveness of repeat treatment beyond the single three-session protocol.

The Plan does **NOT** provide coverage for uses of Bronchial Thermoplasty other than the treatment of severe, persistent, treatment-refractory asthma because it is considered experimental, investigational or unproven. There is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this modality on health outcomes when compared to established tests or technologies.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Bronchial Thermoplasty

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

31899 Unlisted procedure, trachea, bronchi

94799 Unlisted pulmonary service or procedure

31660 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe

31661 Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

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This policy will be revised as necessary and reviewed no less than annually.

Devised: 1/11

Revised: 4/15 (added CMS mandate); 11/17 (added DHS program exception and commercial coverage); 11/18 (added exclusion for repeat treatment)

Reviewed: 2/12, 2/13; 5/16, 4/17, 12/19, 12/20, 12/21, 12/22, 12/23, 12/24

CMS UM Oversight Committee Approval: 12/23, 02/25

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

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